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Bib Data Sheet

CONFIRMATION NO. 5377

<b>SERIAL NUMBER</b> 09/428,982	<b>FILING DATE</b> 10/28/1999 <b>RULE</b>	<b>CLASS</b> 277	<b>GROUP ART UNIT</b> 3676	<b>ATTORNEY DOCKET NO.</b> P3091	
<b>APPLICANTS</b> DAVID C. ORLOWSKI, MILAN, IL; THOMAS D. COE, MILAN, IL;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/23/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> ROCKEY MILNAMOW & KATZ LTD TWO PRUDENTIAL PLAZA 180 North Stetson Avenue Suite 4700 CHICAGO, IL 60601					
<b>TITLE</b> BEARING ISOLATOR					
<b>FILING FEE RECEIVED</b> 434	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/428,982	FILING DATE 10/28/99	CLASS 384	GROUP ART UNIT 3682	ATTORNEY DOCKET NO. P3091
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APPLICANT

DAVID C. ORLOWSKI, MILAN, IL; THOMAS D. COE, MILAN, IL.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED

NONE OK

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED

NONE OK

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED

NONE OK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/23/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>VP</u> Examiner's Initials Initials						

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TITLE

BEARING ISOLATOR

FILING FEE RECEIVED

\$380

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